

A brief report of ToT on Whole Blood Finger Prick HIV screening test

Date & Time: 28/4/2015 from 10am to 4pm

Venue: WBSAP&CS Conference room

Trainees: Dy CMOH II, Dy CMOH III & DPHNO of all the 16 low prevalent districts (including health districts)

Agenda:

Training agenda			
Sl. No.	Subjects	Resource Persons	Time
1	Registration	WBSAP&CS staff	10am-10.30am
2	Inauguration	WBSAP&CS and RCH Officials	10.30am-11am
3	Brief overview on HIV testing Coverage of Pregnant woman	Dr. Nishi Kanta Haldar-JD-BSD	11am-11.15am
4	Prevention of Parent to Child Transmission of HIV-overview	Dr. Suman Ganguly-PPTCT Consultant	11.15am-12.15pm
5	Whole blood finger prick HIV screening test-overview	Dr.Santosh Kr. Roy-ADHS-MH	12.15pm-1pm
6	Demonstration	Ms. Fuleswari Ghosh	1pm-1-30pm
7	Lunch		1-30pm-2-15pm
8	A brief Issue on RCH-PPTCT convergence	Dr. Sikha Adhikari-SFWO	2-15pm-2-45pm
9	Experience sharing	Dr. Ajoy Chakraborty-DDHS-FW	2-45pm-3-15pm
10	Record keeping and reporting	Mr. Soumya Mondal-AD-M&E and ICTC	3-15pm-3-45pm
11	Planning for training in cascade pattern	RCH and WBSAP&CS Officials	3-45pm-4-15pm
12	Planning to implement the program		4-15pm-5pm

Purpose of the training:

- To roll out Whole blood finger prick HIV screening test at subcentre level and delivery points of all low prevalent districts
- To train the district Health Officials on the same so that they can train the field level staff accordingly

Highlights of the ToT:

- The program started with Welcome address by Deputy Project Director, WBSAP&CS. It was followed by brief round of introduction of the dignitaries and participants.
- The JD-BSD in his opening speech highlighted the importance of convergence and greeted everybody for participating training program.
- In her inaugural speech, SFWO briefed the participants regarding effort so far made by the state in the direction of RMNCH+A and PPTCT convergence. The process started during 2010 with

introduction of whole blood finger prick HIV screening test in three districts. Following this, the endeavour witnessed several ups and down before it was rejuvenated during the last half of the last calendar year.

- Following inauguration the technical sessions started. JD-BSD started the session with overview of PPTCT program. He mentioned the brief history of different phases of NACP and how this PPTCT program evolved over time. He stressed upon the MDG target of elimination of Pediatric HIV and put forward the probable ways how this could be achieved.
- The next session was on PPTCT cascades. PPTCT consultant gave an overview of the PPTCT program and its related components with specific focus on New PPTCT regimen, EID, CPT and whole blood finger prick HIV screening test. He also portrayed how far PPTCT intervention was effective in reducing the transmission of HIV infection through vertical route. He demonstrated a flow chart of cascades of PPTCT program to describe different steps of PPTCT program and importance of referral and linkages.
- ADHS-MH started his session on Whole Blood finger prick HIV screening to be done by ANM and labour room nurses. He envisaged that how easily this test could be performed at the field level. He presented a pictorial demonstration of the process and how to interpret the result in the field level. The roles and responsibilities of the ANMs and labour room nurses were also told in detail. He also demonstrated the portion of new RCH register where the result should be recorded.
- The theoretical session was followed by practical demonstration of the technique and Ms. Fuleswari Ghosh MT-Lab of ICTC-ANC-MCH demonstrated the technique with the volunteer from the participants. This was followed by lunch break
- After lunch break, group discussion and experience sharing session was conducted. It was conducted by DD-HS-FW who played a pioneering role in implementing the program in Murshidabad and Uttar Dinajpur. He conducted the session in presence of JD-BSD and PPTCT Consultant. The highlights of the discussions are as follows
 - The districts will conduct the further training after the necessary fund is released from RCH to the districts.
 - For procurement of kits, NHM may either release the fund to the districts and the districts will place online order in a synchronised manner to the approved vendor for three months. The supply preferably in single batch will initially be kept in the warehouse of the vendor and NHM will perform necessary sampling and pretesting before the consignments reach the supply points. Alternatively districts will place the order to NHM and NHM will procure the kits in state level and supply it to the districts after pretesting.
 - At district one ILR may be designated for storing the kits. In block also, the domestic refrigerator supplied for RTI/STI purpose may be used for the same purpose for storing the kits.
 - How to maintain cold chain transport is to be decided by the district. Districts may prepare a district specific plan to implement the program.
 - In case of need to procure any equipment or refrigerator or ILR, this may be factored in district health action plan (DHAP) for possible inclusion in PIP.

